



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

January 4, 2013

Ms. Amy Welch, Administrator  
Rowan Court Health & Rehab  
378 Prospect Street  
Barre, VT 05641-5421

Provider #: 475037

Dear Ms. Welch:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **December 5, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

JAN 02 2012

PRINTED: 12/18/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/05/2012
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NAME OF PROVIDER OR SUPPLIER

ROWAN COURT HEALTH & REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

378 PROSPECT STREET

BARRE, VT 05641

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F 000 INITIAL COMMENTS

An unannounced on-site complaint investigation was completed by staff from the Vermont Division of Licensing and Protection on 12/5/12. The following regulatory violations were found.

F 225 483.13(c)(1)(ii)-(iii), (c)(2) - (4)  
SS=D INVESTIGATE/REPORT  
ALLEGATIONS/INDIVIDUALS

The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance

F 000

F 225 Resident #1 was not harmed by this alleged deficient practice.

Any resident has the potential to be affected by the alleged deficient practice.

The DNS is aware that any allegations of potential abuse must be reported as required by the VT State Statute.

Any incidents of potential abuse must be reported to the Administrator, DNS and a report will be filed as mandated. Any incident of potential abuse will be discussed at concurrent review.

Corrective actions will be reviewed by the CQI Committee monthly.

The Administrator/Designee will be responsible for compliance by January 5, 2013.

F225 POC accepted 11/3/13 PmedARN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

pmc

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NAME OF PROVIDER OR SUPPLIER  <b>ROWAN COURT HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>378 PROSPECT STREET</b> <b>BARRE, VT 05641</b>		
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F 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report an allegation of mistreatment or abuse to the designated state survey agency, in accordance with Vermont Statute for 1 resident in the total sample. (Resident #1) Findings include:</p> <p>Per a complaint received by the State Agency, a resident's family member alleged that they believed Resident #1 may have been mistreated/abused by someone at the facility. The family made the allegation to the facility DNS (Director of Nursing Services) and Care Plan Team on 11/29/12, regarding injuries the resident sustained in their room about a week prior to the report date.</p> <p>During interview on 12/4/12 at 10:10 AM, the DNS stated that the resident was found half off of the bed at approximately 5:15 AM on 11/22/12 by the night shift nurse. The resident had bruising to the right side of the face. The resident told the nurse who found him/her that "I fell out of bed and hit my face". The fall was unwitnessed. The DNS stated that a family member informed them on 11/29/12 that 2 days after the fall (11/24/12), the resident was acting fearful when they arrived to visit. They believed the resident may have been assaulted. The DNS stated that she did investigate the allegation and interview all staff</p>	F 225			

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F 225	Continued From page 2 who were on duty at the time. However, she did not feel that the facts supported any possible abuse and failed to make a mandatory report to Adult Protective Services or the state survey agency. The reporting requirements regarding allegations of abuse were reviewed with the DNS and she confirmed that she did not report this allegation within 48 hours, as required.	F 225		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to revise the care plan to reflect the current identified needs related to aggressive	F 280	<b>Resident #1 was not harmed by this alleged deficient practice.</b>  Any resident requiring care plan revision may be affected by this alleged deficient practice.  Any resident requiring care plan updates will be identified at concurrent review and changes will be revised and/or made. Nurses will be re-educated on the care plan update process.  Random audits of care plans will be conducted weekly.  Results of any audits will be reviewed at the monthly CQI meeting.  DNS/Designee will be responsible for compliance by January 5, 2013.	

F280 POC accepted 1/3/13 Amcotarn

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F 280	<p>Continued From page 3</p> <p>behaviors, mobility and falls for 1 resident in the total sample. (Resident #1) Findings include:</p> <ol style="list-style-type: none"> <li>1. Per record review on 12/4/12, Resident #1's care plan for 'impaired physical mobility' failed to include the resident's use of a wheelchair for independent locomotion in the facility and the use of a walker for walking with stand-by assist and supervision of 1 staff member. The resident's mobility needs were confirmed during interview with the Physical Therapist at 1:20 PM and a Licensed Nursing Assistant (LNA) at 1:30 PM the same day. The care plan also did not include the resident's unsteady gait and history of falls. The only intervention included stated 'Ubar on door side of bed for bed mobility and positioning per request of family'.</li> <li>2. Per review on 12/4/12, the care plan for 'potential for injury, high risk for falls related to dementia' was not updated after Resident #1 sustained 2 apparent falls. Per a progress note dated 11/19/12 at 1259 hours, the nurse wrote "resident was found on his/her knees facing the side of the bed...denied hitting his/her head or discomfort". A progress note on 11/22/at 0732 stated "Resident found with legs hanging off side of bed, contusion around ...eye...large bump ...cheek...I fell out of bed". Care plan interventions included only '___ will have slippers or shoes out of bed' and 'personal belongings and environment will be set up to reduce clutter and easily accessible'.</li> <li>3. Per review on 12/4/12, the care plan for inappropriate...aggressive behaviors was not updated to include the current plan for 1:1 staff monitoring while out of the room at any time of</li> </ol>	F 280		

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F 280	Continued From page 4 day or night, and every 15 minute monitoring while asleep in the room at night. The current care plan stated only 'assure safety by providing one to one as needed'.  During interview at 4:30 PM on 12/4/12, the DNS confirmed that staff should have updated the care plans regarding mobility and aggressive behaviors and fall(s) risk to reflect the current status (including recent falls) and newly implemented interventions.	F 280			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, facility nursing staff failed to adhere to professional standards of nursing practice regarding assessment after an injury to 1 resident in the total sample. (Resident #1) Findings include:  Per record review on 12/4/12, nurses failed to document assessment of Resident #1, per facility protocols and professional standards of nursing practice, after the resident sustained injuries to the head during an unwitnessed fall in their room. The nurses' progress note dated 11/22/12 at 0732 stated that at 0515 the resident was observed to have a 'large egg/bump ---cheek and contusion around ---eye, the resident stated 'I fell out of bed and hit my face.' No measurements of the bruised area were included on the incident	F 281	<b>Resident #1 was not harmed by this alleged deficient practice.</b>  Any resident who sustains a fall has the potential to be affected by this alleged deficient practice.  All incidents with injury will be reviewed at concurrent review. Nurses documentation will be reviewed to ensure standards are met.  Nurses will be re-educated on policy and procedure regarding any injury and the required documentation including those for neurological evaluation.		

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F 281	<p>Continued From page 5</p> <p>report or in the progress note. The nurse started the "Neurological Evaluation Flowsheet" for NVS (neuro vital signs) monitoring at 0515 on 11/22/12. The directions included on the flowsheet stated "Frequency (unless specified by MS) - q 15 minutes x 1 hour, q 30 minutes x 4 hours, q 1 hour x 2 hours and q shift x 72 hours". Per review, the NVS were not documented as completed at 0545 and 0615, as required for the first hour after initiation. The NVS for 0600 were incomplete and did not include blood pressure, temperature, pulse or respirations.</p> <p>The failure of nurses to show evidence of NVS monitoring after a head injury, per the facility's protocol and complete assessment of the resident's injuries, per professional standards of nursing practice, was confirmed during interview with the DNS on 12/4/12 at 4:30 PM.</p> <p>Reference: Lippincott Manual of Nursing Practice (9th edition), Wolters Kluwer Health/Lippincott, Williams &amp; Wilkins.</p>	F 281	<p>All incidents with injury will be reviewed at the monthly CQI meeting.</p> <p>DNS/Designee will be responsible for compliance by January 5, 2013.</p> <p>F281 POC accepted 1/3/13 Pmcotarn</p>		